

- 1 F. Deliver a report annually in each of the three years following the effective date of this  
2 Act, and biennially thereafter, upon the convening of the regular session of the General  
3 Assembly, to the Speaker of the House of Representatives, the President Pro Tempore of  
4 the Senate, the Commissioner, any appropriate legislative oversight or appropriations  
5 committees. The report shall be prominently posted on the Exchange website. The  
6 report shall summarize the activities of the Exchange since the last report, including the  
7 enrollment of individuals in health benefit plans offered through the Exchange, the  
8 movement of individuals into and out of health benefit plans offered through the  
9 Exchange, the cost of operating the Exchange, comparison of premiums in and outside  
10 the Exchange, and other matters relating to the operation of the Exchange, as determined  
11 by the Board.

## 12 13 **Section 7. Health Benefit Plan Certification**

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15 A. The Exchange shall certify a health benefit plan as a qualified health plan if the  
16 Department of Insurance determines that it satisfies the requirements set forth in  
17 subdivisions (1) through (6) of this subsection, unless the Board determines that it is not  
18 in the public interest as specified in subdivision (7) of this subsection:
- 19 (1) The plan provides the essential health benefits package described in section 1302(a)  
20 of the Federal Act, except that the plan is not required to provide essential benefits  
21 that duplicate the minimum benefits of qualified dental plans, as provided in  
22 subsection E, if:
    - 23 (a) The Exchange has determined that at least one qualified dental plan is available to  
24 supplement the plan's coverage; and
    - 25 (b) The insurer makes prominent disclosure at the time it offers the plan, in a form  
26 specified by the Exchange, that the plan does not provide the full range of  
27 essential pediatric benefits, and that qualified dental plans providing those  
28 benefits and other dental benefits not covered by the plan are offered through the  
29 Exchange;
  - 30 (2) The premium rates and contract language have been approved by the Commissioner,  
31 and the level of coverage, as specified in section 1302(d)(1) of the Federal Act, has  
32 been actuarially certified and calculated pursuant to regulations issued by the  
33 Secretary under section 1302(d)(2)(A) of the Federal Act;
  - 34 (3) The plan provides at least a bronze level of coverage, as specified in section  
35 1302(d)(1)(a) of the Federal Act and determined pursuant to regulations issued by the  
36 Secretary under section 1302(d)(2)(A) of the Federal Act, unless the plan is certified  
37 as a qualified catastrophic plan, meets the requirements of the Federal Act for  
38 catastrophic plans, and will only be offered to individuals eligible for catastrophic  
39 coverage;
  - 40 (4) The plan's cost-sharing requirements do not exceed the limits established under  
41 section 1302(c)(1) of the Federal Act, and if the plan is offered to small employers,  
42 the plan's deductible does not exceed the limits established under section 1302(c)(2)  
43 of the Federal Act;
  - 44 (5) The insurer offering the plan: